

Throughout all this miserable affair, our patient, our devoted, loyal, uneducated, conscientious friend was with his chum. He talked with the surgeon, he was at the operation, he suffered with his chum, and witnessed his death, arranged the services and stood at the grave. Throughout this misery he remained calm and perfectly normal, conducting himself as one overcome with natural grief.

Later our patient insidiously began to have pain in his right lower jaw. It is not germane to the case to hunt a cause. He went to a doctor; he was told there was nothing wrong, that it was all imagination; others told him this, but he was thinking of his friend and drawing mental comparisons.

With the above history, no medical man would find it much of a trick to treat this case. We set about the logical therapeutic procedure. We removed this pathogenic idea so logically built up by the patient, this poor ignorant friend of a dead chum. We pursued a logical course in its removal.

His thorough examination was explained to him in words of one syllable. The X-ray plate of his supposedly diseased jaw was shown him and other plates of normal jaws were compared and shown to be the same as his own. From leading textbooks the classical signs and symptoms of sarcoma of the jaw were read and explained, and correlated with the jaw signs and symptoms of his dead friend, and the contrast there and then established. A very simple discourse upon the origin of ideas was given him. Great weight was given emotion as a cause of vivid ideas and their influence on the body conditions. His ignorance was at all times kept in mind during this educational process, no other than elementary examples were presented to his understanding which was watched with acuity. The end of the treatment came when with a bright smile he said, "Well, Doc, I guess you are right, I have been a damned fool." He was told that he was not; that on the contrary he had logically though unfortunately arrived at his morbid idea and that now he had logically destroyed that idea.

He returned to his hotel; he went to the Orpheum; he resumed his marital relations which had been broken off for over a year. After a few days of pleasurable sightseeing he returned to us, bringing his radiant wife, he free from pain and she happy in his relief. He expressed as much confidence in his belief that he would remain free from pain as he had evidenced despondency in his ill fate. We were well within the integrity of our ethical law when we declared that he would remain for all time free from his pain. Twelve months later his brother informed us that he was sound in body and in mind.

PSYCHOTHERAPY IN SEXUAL NEURASTHENIA.*

By VICTOR VECKI, M. D., San Francisco.

So-called psychotherapy, popping into medical science from time to time, and certainly from time immemorial, always heralded as something new, is surely as old as the hills are. Even psychotherapy in sexual neurasthenia is a pretty old subject. In 1886, when urology was in its toddling clothes, when the subject of sexual neurasthenia was strictly tabooed in polite medical society, and when I was a modest little fellow with an enormous ambition, wrote:

"Psychical treatment is indispensable in every form of impotence excepting the organic. Psychical treatment forms in some measure the introduction and beginning of every other manner of treatment." . . .

* Read at the General Meeting of the San Francisco County Medical Society, November 12, 1912.

Further: "First of all the physician must conquer the hopelessness and distrust of his patient."

Further: "It is not uncommon that virility returns with the peace of mind."

You see, I was using so-called psychotherapy right along, and only did not know it!

Psychic treatment, however, and consequently psychotherapy, surely are wrong terms, because we know nothing about the soul, and I for one must decline to deal in souls, and therefore think calling it "mental therapy" would be far more preferable.

I beg to be excused from entering into any philosophic discussion or explanation of psychotherapy, and shall simply endeavor to discuss the question from a very sober and purely practical standpoint.

Facta loquuntur, and whoever gave psychotherapy a proper trial in the proper way, obtained the most remarkable results. Of course, like any other therapeutic measure, it has its limitations; not as narrow ones as most practitioners think, but its field is certainly not so vast as some modern psychotherapists seem to think.

Just as our own Senator Works, who was sent to the U. S. Senate against the clearly expressed will of the California people, and whom to have sent there even those who did so are very sorry, can never succeed in placing public sanitation in the hands of "Christian Science," so will psychotherapy fail whenever it moves single-handed against any disease where structural changes of tissues are caused by external violence, invasion of pathogenic germs, changes in the metabolism, in the secretion of glands, and other noxa discernible to the well trained senses of a diagnostician.

There is surely no disease, however, in which psychotherapy could be dispensed with, and that is why all successful physicians use it consciously or unconsciously right along, and this explains also the apparently inexplicable success of some under-trained fashionable doctors.

Many physicians claim that they are unable to obtain results with psychotherapy. The conceited ones, never a moment suspecting their own shortcomings in this interesting field of medical science, condemn it at once and as a whole, claiming there is nothing to it; while the other extremists, the really modest ones, bow in admiration before those few who daily perform regular miracles with suggestion, hypnotism and other variations of mental healing.

But if any one should ask who can become a psychotherapist, I would answer, "Every well trained, experienced and thinking physician." I say well trained, because it certainly is criminal that any one, and be it a U. S. Senator's own wife, should have the brazen impertinence to expose a fellow human being to any kind of mental healing without having previously acquired the knowledge necessary to discriminate between cases of sickness in which mental healing alone can accomplish anything, and other diseases where different means must be used to protect the patient against physical misery or premature death.

And when we turn to the exclusive consideration of the subject of this paper we will soon come to the conclusion that psychotherapy can do a great

deal, but that thorough and special medical training, wide experience and formidable thinking are necessary before regular results can be expected.

The various aberrations of psychotherapy, for instance, that huge and rankling excrescence the modern witchcraft that our noble Works tries to circulate in the U. S. Senate, had scant success with the various diseases of the genito-urinary organs. A stone in the kidney, ureter or bladder, the scalding gonorrheal discharge, luetic ulcerations and endless other organic troubles of the genito-urinary organs defy any prayer; and it would hardly do that, for instance, the wife of a high dignitary should send prayers to the Redeemer of humanity to renew the vigor of an exhausted sexual system;—not to forget that most of the priestesses of this ultra-scientific healing method are so formed that all ideas of any sexual desire must speedily vanish by looking at them, and only Freud's method could eventually cancel the "painful experience."

Having used psychotherapy in sexual neurasthenia for well nigh thirty years, I came to formulate certain rules, of which I shall give you briefly the principal ones.

The first and main task is the diagnosis, and here it is that the most glaring failures can be accounted for. Every psychotherapist should be exceedingly cautious not to jump at conclusions and not to depend altogether, nor even too much upon his own diagnostic powers. Physicians who specialize in internal medicine, or head organs, or nervous diseases, or urology, or rectum, can sometimes detect ailments that explain many a case of supposed neurasthenia. The psychotherapist who does not hesitate to consult various specialists will never be in the awkward position of having treated psychotherapeutically a case of beginning serious disease of the central nervous system; a skilfully made Wassermann might frequently be a guard against the mistaking of syphilis for neurasthenia; syphilis, this most common disease, and so commonly apt to be forgotten by the practitioner!

The influence of a more or less developed phimosis and varicocele are just as frequently underestimated as they are exaggerated; and all kinds of even less important lesions must be considered. [At present the consideration of the ductless glands adds new troubles in the diagnostication of neurasthenia: hypo- and hyper-thyroidism, hypo- and hyper-pituitaryism, and the interrelation of the thyroid gland and the sex functions, the interrelation of the hypophysis and the thyroid, the various forms of toxemia following the various and complicated pathological changes of the ductless glands, are of enormous importance in the consideration of our subject, and we must hesitate more than twice before we loosen the diagnosis of neurasthenia.]

Almost as important, and in the beginning mostly even more important for the success in the treatment of any case of apparent sexual neurasthenia, is to place oneself in sympathetic relation with the patient. The sexual neurasthenic is a peculiar fellow, sometimes utterly disagreeable, seldom lovable, always tedious, but always also miserable. In spite of all that, the physician who wishes to help

him must sympathize with him and befriend, yea, love him.

Any physician can automatically work himself into this state by reasoning as follows: "There are so many physicians in this city, that patient has selected me as the one to help him, he has probably been ridiculed by his family physician, presumably energetically maltreated, burned and lacerated by some one, exploited and robbed by one or two advertising quacks, he comes to me with diffidence, but with some hope, in fear, near despair; I must be his friend, and give him the confidence he probably has not, as yet."

As soon as the physician is in the proper rapport with the patient, he can exert the most powerful influence, but until the successful end of the treatment there must not be a moment of relaxation in sympathy, interest, and vigilance. The patient must always be absolutely convinced that the doctor understands his case perfectly, and is going to clear up by painstaking examination of the organs and their secretions, in the office and laboratory, the few doubtful points, and is going to cure him. Every physician must know that simple pooh-poohing or ridiculing accomplishes nothing. The patient has his own sad experiences, and no one can laugh them away.

The next step is to remove all excuses for worry, or as it is now called "unfavorable mental influences"; therefore, even small and unimportant ailments and their symptoms must be cured. Walsh summarizes every physician's experiences in that regard by saying: "The suffering in the world is out of all proportion to the actual disease," and "Many people who have little diseases suffer a great deal, partly from concentration of mind on their ailments, and partly from such ignorance of whatever pathological conditions present that they grow discouraged and morbid over it."

To my experience sexual neurasthenia is very seldom primary, but mostly a very disagreeable complication; a complication which frequently remains even after the original cause was removed. These* are the cases where so-called psychotherapy can help when everything else must fail.

Some slight symptom which is easily overlooked by the normal individual but drives the neurasthenic crazy, may be incurable, and then only psychotherapy can help to explain, minimize, and when necessary, ridicule. A demonstration that such symptoms appear in other perfectly healthy individuals, whenever possible, may contribute greatly to the necessary peace of mind. [With all due respect to psychotherapy and the real and great influence of the mind upon the body, we must never lose the chance of reversing the whole reasoning and by improving all bodily conditions, weight, sleep, appetite, condition of bowels, by regulating the diet, exercise and whole mode of living, to bring into operation the not lesser influence of the body upon the mind, and according to the well-known Latin proverb, "*mens sana in corpore sano*," to place a healthy soul into a healthy body.]

Sometimes the criminal quack may have terrified the patient in order to extort more money. Every physician should be acquainted with the usual

tricks the advertising quacks use, in order to be able to unmask them, and return to many a poor fellow the indispensable peace of mind.

Even trifles should not be forgotten, the general attitude of the body must be corrected whenever necessary. When a neurasthenic is told that he cannot get well before he stands and walks erect, the head high, the face smiling and friendly, he will see to it, have some distraction of mind, besides improvement of general health and disposition.

To repeat what I preach at every occasion, I must beg of every physician again and again: Please do not hurt your patient, the urethra principally resents all and every painful local treatment; neurasthenics invariably grow worse under energetic and merciless handling, though they may crave and relish it for the time being, in hope that it will cure them.

Unless one is able to put his patient into a spectacular hypnotic or even cataleptic trance, which I was never able to do, it is best not to intimate to the subjects even in the least way that psychic treatment in any of its variations is going to be given to them. With sexual neurasthenics it would surely bring only failure.

My best results are obtained when the treatments are given in the evening, with not a noise reaching the darkened high-frequency room in which there is only the dim light of the apparatus, and even this cannot be seen by the patient, who is told that for the action of the high-frequency current and the auto-condensation, darkness is necessary. Manipulation of the high-frequency electrode through which only very weak currents pass, the muffled monotonous sounds of the motor and current and appropriate low and suggestive conversation put the patient very soon into that first dreamy, or as others call it, the hypnoidal state in which surely the best and lasting results are obtained.

Details of this my system, and some illustrating histories, I shall, if permitted, furnish another time.

Discussion.

Dr. Carl Renz: About 18 years ago, when I came to California, I applied for membership in a county society and was almost blackballed because I used psychotherapy in my treatments. I cannot refrain from saying that I am extremely gratified that there were three papers on that subject to-night. Tempora mutantur et nos mutamur in illis.

In regard to the last paper, that of Dr. Vecki, I coincide with his experience in treating sexual disorders, or, as he calls it, sexual neurasthenia, psychotherapeutically, even if I do not use the apparatus which he uses; but as long as he gets the hypnotic or the hypnoidal state he will have success. That anybody but a trained physician should employ psychotherapy is, of course, out of the question. His expose was excellent, only I do not like his pronouncing the words psychotherapy and "Christian Science" in one and the same breath.

In Dr. McClenahan's paper, a very good review of the present status of the question, he said nothing of hypnosis. As to his case, he certainly uses psychoanalysis, although he does not seem to be aware of this fact. The good result he had in this case is due to psychoanalysis pure and simple. There are many cases of alcoholism which will not yield to psychoanalysis alone—the majority require deep hypnosis. A great many come to the physi-

cian because they want to please some relatives or friends, but they do not want to be cured. The cure of the other case of Dr. McClenahan's was also due to psychoanalysis.

Freud has found that a number of cases of alcoholism are based upon repressed or converted painful recollections, particularly of sexual character, from early childhood. Dr. McClenahan said that only functional diseases should be treated by psychotherapy. I differ. I believe that quite a number of cases of actual organic disease can be ameliorated, especially stomach and bowel conditions and vasomotor disturbances. Du Bois is using simple persuasion, and he has great results. His personality is such that he will have success with his patients. Some years ago in Paris I spoke to Professor Dejerine about his results in cases of probas and imperative ideas, and he said they were absolutely incurable. It is almost presumptuous to differ with such an authority, but I know that such conditions can be cured by deep hypnosis. I agree in that respect with Professor Berillon, whose experience coincides with mine. I would have been glad to have heard more about Freud's theories from Dr. McClenahan, who has certainly had experience in that line.

Dr. J. Wilson Shiels: At the beginning I felt impelled to coin a long scientific sounding sentence, such as "diastolic phase of cerebral activity," and thus demonstrate my right to discuss this occult subject; but I very soon became impressed with the excellence of the papers. Nevertheless, most of this stuff is old. Shakespeare told us nearly all that has been mentioned to-night. For example, it was said that we should hesitate to tell a patient how very sick he was. William put this in a nutshell when he said:

"Bid a sick man in silence make his will,

Ah word ill urged to one who is so ill."

"Christian Science" to-night was rightly depreciated. William said this of it:

"hanging a golden stamp about their necks, put on with holy prayer,"

people were cured. The honor and religion of our profession were also touched upon. William said this of it:

"... but at his touch

Such sanctity hath Heaven given his hand they presently amend."

I have never considered this subject from the standpoint rightly taken by Dr. McClenahan, but rather as a special attribute of character given the individual to bring about trust in another. I have had some amusing instances of what might be called the psychology of sickness and treatment. A certain old woman who had suffered a continuous fever, and, as a precaution against relapse, had had her temperature taken, although normal, for some time after, became very despondent. When asked by dear old Doctor James for the reason of her depression, she answered: "Weel, sir! I'm no weel! I've no been given my meedecine regular." Dr. James immediately entered into her concern and asked the nurse for an explanation. Before the nurse could answer, the old woman did so for herself. "Never mind that hussy, sir. It's her that's neglected me. She stoppit it herself! I mean the meedecine under my ochster (axilla)."

After all is said and done, those who deal in the cure of conditions, either of the body or the mind, should have only one aim in view: to bring the individual so suffering back to his walk of life with ability to perform his duty to his own satisfaction. It matters very little how this is done when it is done honestly. It would be a crime to make a person weakened by disease a slave to a false method of cure having as its basis a perfidious suggestion or a treacherous drug.

Dr. Julius Rosenstirn: I would like to ask Dr. McClenahan if the mental symptoms of neurasthe-

nia should not be understood as an expression and consequence of fear. It seems to me that neurasthenics are all suffering from an inordinately exaggerated fear of some kind. In some cases it is simply the idea of a threatened loss of sexual power from some trifling ailment in the genito-urinary organs; in others a slight digestive disorder that fills them with the apprehension of some malignant growth in the stomach or intestines. A sorrow, or fear of great financial loss and distress from a lawsuit, attended perhaps by painful publicity, may in itself without any anatomical or functional lesion cause neurasthenic symptoms from any group of organs, loss of appetite, weight, etc. The effect of fear on the vasomotor centers is well known as a matter of daily experience, and it is to this chronic paralyzing effect we have to look as a great contributor, if not creator, of the complex called neurasthenia. The removal of that fear is the solution of the problem. There Christian Science celebrates her sham triumphs by giving the faithful hope and the belief that there is no real sickness and no real misfortune. If there exists an organic basis for the symptoms the physician has to remedy that, in order to remove the aggravating fear. So, whether with purely psychic treatment in ferreting out the primary reasons for a complex of harassing phantoms, or after diagnosing the primary pathological causes for the superstructure of fear, we have to get at them and remove them if we want to cure our neurasthenic patients. Let me close my remarks with a slight historical correction. Dr. McClenahan mentioned in his paper that physiological psychology is a matter of the last fifteen or twenty years. Professor Wundt, now in Leipzig, published the first edition of his *Lectures on Physiological Psychology* in 1869. It was the fundamental classic for this branch of our science and should not be forgotten.

Dr. McClenahan, closing: The position which I tried to portray in my paper is that psychotherapeutic measures are indicated in exactly the same way as are other therapeutic agents to the conditions that unfavorably affect the human being. Whether the symptoms are mental, physical or even moral or spiritual, if you please, the physician's duty and his only duty, is to search for the causative factor. If the causative factor is not strictly confined to the organism or its nervous system, but has its origin in the mental life of the individual, our position should not be altered.

We must deny the role of pathogenic ideas in the causation of a number of maladies before we can deny the clean-cut, scientific indications for mental treatment. Before the application of any treatment, the physician must determine the causal factor, and if this factor lies in the mental life or experience of the patient, he should not be denied the proper corrective measures, though they be psychic. The physician's view of the individual must be dualistic, i. e., that he has a mental and physical existence, and that disturbances have their origin in abnormal functional processes as well as in structural changes. If the disturbance has its origin in structural changes, the nature and extent of these changes is to be determined; if there is no structural alteration and the disorder is due to abnormal physiological processes, treatment is directed accordingly, regardless of whether the symptoms are physical or mental. There is no psychology that concerns the physician except that based upon the physiology of the brain; and unless he is acquainted with the physiology of that organ, he is no more fitted to treat its disorders than the internist who is ignorant of the functions of the liver. To give an individual with as clean-cut psychogenic disorder as this case whose history I have given to-night, such remedies as bromides, or even hypodermics of soda cacodylate, appears ridiculous, and yet in the absence of the facts brought out by minute inquiry into the entire mental experience,

such measures would likely have been instituted. In making that inquiry, time must not count. In this case hours and hours were consumed on various days in questioning his wife, brother and himself. To get that information practically entailed a complete history of the mental life of the individual up to the beginning of his disorder. The diagnosis of hypochondria could have much more easily been made. This condition is regarded as a fixed idea or delusion of disease, and the prognosis hopeless. Had such a diagnosis been made, and the man sent to a state hospital, there is little question but that he would to-day be sitting on a bench holding his jaw in his hand. If there was any rational way to cure this man except by convincing him of the ideogenic origin of his disorder, I confess my inability to see it.

PSYCHIATRIC DUTIES OF LARGE CITIES.*

By ROBERT L. RICHARDS, M. D., Medical Supt., Mendocino State Hospital.

To the community at large the important point about the insane is that they are unsocial or antisocial. The directing or dominating part of an individual is found in his mental faculties; when these are disturbed, his relations to others are disturbed, and he becomes unsocial or antisocial. The lack of community of interests and thoughts is one of the striking features of a hospital for the insane. The environment of these patients is parallel with that of soldiers in barracks, for example; and yet the reaction of the insane under these circumstances is radically different. Unless convalescent they rarely talk to one another, and usually on parole or in the wards each is thinking or talking about his own personal affairs, and paying no attention to anyone else. On this account, and contrary to the usual conception, a state hospital is quieter in general than an institution housing an equal number of sane people. By training and re-education is secured an adaptation to a routine way of living, and a gradual resumption of social duties. The finer adjustments of social life are the latest acquisition of the human race, and naturally the point where mental derangements are first noticed, and where recovery is last established. Hence our chief interest is in the social manifestations of the insane.

The value of heredity as a determining factor in the life of the individual has recently attracted a great deal of attention; and, indeed, its value cannot be overestimated. But whatever may be the cause, the practical question with the community at large is the social question. The fact that man acts upon and reacts to his environment is the one that concerns us in our conduct and our laws regulating such conditions. The law says that the individual must be "dangerous to health, person or property." Chronic insane, imbeciles, idiots, or epileptics who are adaptable to the social mechanism are not considered cases for commitment. It is evident, therefore, that the psychiatric duties of a community are well-defined and extensive because of the predominantly social relations of cases of mental disease.

The importance and urgency of social duties in-

* Read before the San Francisco County Medical Society, March 11, 1913.